



GRIEVANCE/COMPLAINT FORM

Name of Person Completing Form: _____ Date _____

Are you a: Client Family _____ Provider _____ Other _____

Was this a one-time occurrence? YES _____ NO _____

If "no" please describe:

Was a formal Incident Report form filled out? If so, when was it sent to Affinity Family Care management?

Who is involved in the situation?

____ Affinity Family Care provider Name/s of Provider: _____

____ Client Family Name of Client _____

Name of Family Member/s _____

____ Other Name of Other/s involved _____

Please describe the situation:

Have you tried anything to resolve the situation prior to submitting this complaint?

Has anyone from Affinity Family Care already given you strategies/suggestions to remedy the situation? If so, who gave you the strategies and what were they?

What do you hope that Affinity Family Care will do to help remedy the situation and meet your expectations of successful closure to the situation?

Is there any other information about the situation that you'd like Affinity Family Care Management to be aware of?

Signature (Print and Sign)

Date

Please note, that Affinity Family Care takes all complaints and grievances seriously. We will interview all parties involved and mediate to the best of our ability to find resolution to the situation. If an involved party is found to be negligent in any way, Affinity Family Care will take appropriate corrective action immediately which can include, but is not limited to, termination of employment for providers and discontinuation of services for clients/client families. Knowingly falsifying a report is also grounds for corrective action.

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